



Debra Asbury
Director

STATE OF ARKANSAS
ASSESSMENT COORDINATION DEPARTMENT
1614 WEST THIRD
LITTLE ROCK, ARKANSAS 72201-1815
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**APPLICATION FOR ADMISSION
ARKANSAS
ASSESSMENT TRAINING PROGRAM**

All portions of this application must be filled out completely. Our evaluation of your education and experience will be based solely upon the information provided in this application.

(Please Print or Type)

Name _____ Date of Birth _____

Your Title _____ Social Security No. _____

Jurisdiction _____ or Employer _____

Office Street Address _____

City _____ County _____ State _____ Zip _____

Home Street Address _____

City _____ County _____ State _____ Zip _____

Work Phone Number _____ Home Phone Number _____

Send Mail to: Office Address _____ Home Address _____ (Check One)

List national/international professional assessment/appraisal organizations to which you belong.

List any assessment or appraisal professional designations that you presently hold. Please provide the full name of the designation(s), conferring organization, and date received.

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List state/local assessment/appraisal organizations to which you belong.

- APPRAISAL TRACK -

Real Property _____ Administrative _____ (Check One)

- EXPERIENCE -

Please provide a complete work history for the past ten (10) years. List all jobs you have had whether or not they were related to assessment or appraisal. **Start with your present employer.**

Employer _____ from (mo/yr) _____ to (mo/yr) _____

Address _____ City _____ State _____

Your Title _____ Type Business _____

Description _____ of _____ your _____ duties:

Employer _____ from (mo/yr) _____ to (mo/yr) _____

Address _____ City _____ State _____

Your Title _____ Type Business _____

Description _____ of _____ your _____ duties:

Employer _____ from (mo/yr) _____ to (mo/yr) _____

Address _____ City _____ State _____

Your Title _____ Type Business _____

Description _____ of _____ your _____ duties:

If additional room is needed, use the back of this application, outlining the information requested above.

- EDUCATIONAL BACKGROUND -

High School: Did you graduate ____ Yes ____ No Year Graduated _____

College or University:

Name	City/State	Dates	Major	Degree

Trade or Special Schooling:

Name of School	City/State	Subject	Dates

Professional appraisal/assessment courses taken:

Name of course Date	Organization Giving Course

Note: Documentation of appraisal/assessment courses is required for credit. Attach copy of certificate or other document showing proof of completion for all courses listed.

I certify that all of the information given herein is true and complete to the best of my knowledge and belief. I understand that false statements made in this application will be grounds for non-acceptance of this application or suspension from the Assessment Coordination Department Training Program.

Signature _____

Date _____

THE ASSESSMENT COORDINATION DEPARTMENT DOES NOT DISCRIMINATE ON THE BASIS OF RACE, COLOR, NATIONAL ORIGIN, SEX, RELIGION, AGE OR DISABILITY IN EMPLOYMENT OR THE PROVISION OF SERVICES.